

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/590075

FILING DATE

05 MAY 2007

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
|--------------|-----------|----------|------------------------------------|----------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | <i>X</i> | | | | | |
| 2 | | <i>X</i> | | | | |
| 3 | | <i>X</i> | | | | |
| 4 | | <i>X</i> | | | | |
| 5 | | <i>X</i> | | | | |
| 6 | | <i>X</i> | | | | |
| 7 | | <i>X</i> | | | | |
| 8 | | <i>X</i> | | | | |
| 9 | | <i>X</i> | | | | |
| 10 | | <i>X</i> | | | | |
| 11 | | <i>X</i> | | | | |
| 12 | | <i>X</i> | | | | |
| 13 | | <i>X</i> | | | | |
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| 15 | | <i>X</i> | | | | |
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| TOTAL IND. | <i>X</i> | ↓ | <i>1</i> | ↓ | | ↓ |
| TOTAL DEP. | <i>19</i> | ← | <i>16</i> | ← | | ← |
| TOTAL CLAIMS | <i>20</i> | | <i>17</i> | | | |

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 100 | | | | | | |
| TOTAL IND. | | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | | ← | | ← | | ← |
| TOTAL CLAIMS | | | | | | |